



KING'S MULTI-PURPOSE COOPERATIVE MEMBER'S INFORMATION SHEET

LATEST
2" x 2"
PICTURE

By providing information below, it means that I have freely given my personal, sensitive and privileged information, and allowed KMPC to collect and process these details about me in relation to my membership. All collected and processed details about me shall be constantly updated and kept for as long as I am active in KMPC.

| | | |
|--|-------------------------------------|-------------------|
| 1. NAME OF MEMBER : | | |
| 2. MEMBERSHIP TYPE (Regular/Associate) : | | |
| 3. NAME OF COMPANY : | | |
| 4. DATE HIRED: | | 5. EMPLOYEE NO. |
| 6. PRESENT JOB POSITION : | | |
| 7. EMPLOYMENT HISTORY : | | |
| Name of Company | Position | Inclusive Date |
| | | |
| | | |
| | | |
| | | |
| | | |
| 8. EDUCATION : | | |
| | Course / Degree | School |
| | | Inclusive Date |
| Elementary | | |
| Secondary | | |
| College | | |
| Post-Graduate | | |
| Others (if any) | | |
| 9. SEMINARS / TRAININGS ATTENDED : | | |
| | Course Title | Conducted by |
| | | Inclusive Date |
| | | |
| | | |
| | | |
| 10. GOVERNMENT EXAMS TAKEN (if any) : | | |
| | Name of Examination | Percentage Rating |
| | | Date |
| | | |
| | | |
| 11. SPECIAL SKILLS (if any) : | | |
| | | |
| | | |
| 12. PERSONAL INFORMATION : | | |
| a. Present Address | j. Name of parents: | |
| | Father: | Mother: |
| b. Telephone No(s). | k. Religion: | |
| c. Height / Weight | l. TIN (Tax No.) | |
| d. Civil Status | m. Pag-IBIG No. | |
| e. Spouse Name | n. SSS No. | |
| f. No. of Children | o. Bank Account No. (BDO or BPI) | |
| g. Date of Birth | | |
| h. Place of Birth | p. Coop No. / Date of Membership | |
| i. Blood Type | q. Initial amount to pledge to coop | |
| 13. In case of emergency, please contact (write name & contact details): | | |
| Name: | | |
| Contact Number: | | |
| 14. Are you a member of another cooperative? | | |
| If yes, please fill-out below: | | |
| Name of Cooperative: | | |
| Since when? (Month & year): | | |

15. Permanent Address:

16. Sketch of Permanent Address:

I do hereby declare and certify under oath that the foregoing information about myself are true and correct to the best of my knowledge and ability, and that, false disclosure is a ground for disqualification of my membership.

Signature of Employee

Date Accomplished

Right Thumb Mark